

order to stay the action of the War Department in taking a large number of the students in the draft. The prejudice of the medical profession against the College of Physicians and Surgeons is so deep-rooted that I found it impossible to obtain a staff of good men to fill the various departments under present conditions.

Stanford University, the University of California and Santa Clara University were appealed to, with the hope of developing some plan to care for the present enrolled students, but without avail.

One plan proposed entailed the carrying on of most of the medical work by the completely reorganized College of Physicians and Surgeons, the University acting as sponsor and filling in the gap with teachers where necessary; the College of Physicians and Surgeons to matriculate no new students and to close upon the graduation of the present classes. A reorganization of the staff under such sponsorship would have been a comparatively easy matter. Repeated endeavors in various other legitimate directions for support have also proved fruitless.

It has been suggested to continue the school, at least until the graduation of the present senior class, in the best manner possible, making as many beneficial changes as practicable under existing conditions.

I have given this plan of procedure most careful consideration, but I cannot see sufficient justification for carrying it out. In the first place, a considerable number of students will be lost in the draft, as no possibility of changing the rating of the College by the Council of the A. M. A. could be even remotely hoped for without most drastic changes being inaugurated, and no real benefit is to be expected if mediocre men are added to the staff or supplant men now occupying chairs. In the second place the students would gain but little by completing the year's work under present conditions and they could hope for but limited credit for work done here if they transfer to accepted schools, and if graduated from the institution in its present predicament it is questionable if it will be of any benefit to them.

It is my firm conviction that the ultimate interests of the students will be best served by the immediate discontinuance of the medical course, and an endeavor being made to provide for them in other ways.

While the students doubtless must share a part of the responsibility for their present unfortunate position for matriculating in a school widely advertised as of low rating, and, while, in my opinion, the State Board of Medical Examiners is culpable for not enforcing changes long ago which would have precluded the present entanglements, at the same time, you, as the trustees of this institution, are partly responsible. In view of your responsibility, I suggest that you aid these students in every way possible to enter other medical schools, or to get settled in other walks of life; that a material sum of money, at least as much as it would cost to carry on a year's work of the institution, be apportioned to the students according to the time they have spent in the school. Such financial assistance might make it possible for some of the students to continue their medical education elsewhere.

Very truly yours,

(Signed) HERBERT GUNN, M. D.

The letters above were submitted to the secretary of the State Board of Medical Examiners, who sends the following statement:

To the Editor:

The Special Committee of the Board of Medical Examiners, appointed for the purpose of investigating the College of Physicians and Surgeons of San Francisco, has made public its recommendations.

Until such time as an efficient Dean is selected

by the Trustees, it would not be proper to discuss the affairs of the school with one who has been unsuccessful in rehabilitating the institution, or with one intolerant of constructive policies.

Respectfully yours,

CHARLES B. PINKHAM,  
Secretary-Treasurer, State Board of Medical Examiners.

January 17, 1918.  
San Francisco.

## ORTHOPEDIC DUTY IN ENGLAND.

Alder Hey Hospital, Liverpool, Eng.

To the Editor:

Possibly your readers will be interested to hear about the work of the orthopedic men over here in the army.

The first contingent of 20 men crossed in May and was distributed in the English orthopedic hospitals. Baldwin went to Edinburgh, and is still there, doing good work. Abbott was at first in Edinburgh, but now is in London. The next contingent came in October and consisted of about 45 men, some of whom were experienced, but most were young men who must be trained for the work. McChesney went to France, I was sent here.

The whole orthopedic division in England is under Sir Robert Jones, the celebrated surgeon of Liverpool, and to him has been entrusted not only the reconstruction of the crippled men, but also the care and treatment of practically all injuries and diseases of the extremities, in the early as well as in the late stages, together with those injuries and diseases which heretofore have been considered to be in the domain of orthopedic surgery. He is constantly opening up new hospitals in England, Ireland, Scotland and Wales, and soon will have under his care about 15,000 beds. He is a man of remarkable skill and energy, and has the faculty of inspiring with enthusiasm those under him. Most of the Americans coming here are assigned to duty with him in the British Isles, and it is proposed to keep up a constant supply, so that, as some are trained in this new war work, they may be transferred to France and America, and others will take their place. Indeed, the need for training is great for us all, as the work is different from anything to which we have been accustomed, and we are compelled to work hard in order not to be found wanting. The demand for good men with surgical training is very great, and the opportunity is a wonderful one. Let me describe somewhat our hospital, Alder Hey, which is one of the largest, with its subsidiaries, and with Shepherd's Bush in London, one of the most celebrated.

Alder Hey is a modern collection of buildings, formerly a local government board hospital, which has been taken over by the government, and is situated about four miles from the center of Liverpool. It contains at present about 820 beds, and may be said to be the center of a group of hospitals constantly opening up in the vicinity. It is directly under the supervision of two Liverpool orthopedists, Armour and McMurray, two former assistants of Robert Jones, who have taken out captains' commissions in the British army. Under them are about eight men, British and Americans, each with two wards. The Americans as well as the others are under orders of the British surgeon-general. When we come, we spend a while observing and studying, and then gradually are fed into the machine. I began my work very shortly by taking over the wards of a man who was on vacation, then was given my own wards in Highfield, another hospital unit a mile away, which has been recently opened. This consists of 16 wards of 30 beds each, and with the exception of two wards, is in the charge of Americans. We have the privilege of calling on Captains Armour and McMurray for consultation, but we must shoulder

the responsibility. One of my wards is at present in immediate charge of a Canadian captain from a casualty clearing station, for the institution of the newer methods of wound treatment. Of these the most frequently employed are the Carrel treatment, and Rutherford Morrison's treatment with bismuth, iodoform and paraffine—"Bip." The results are astonishing, and are revolutionizing the treatment of compound fractures, and dirty old suppurating wounds of the soft parts. Instead of standing by and helplessly watching the patient fight it out with pus, we are enabled to interfere actively, and shorten the duration of the infection. With time, experience and a larger supply of assistants we hope to introduce these methods into the other wards. They require, of course, a larger staff, but from their time-saving attributes increase the "turn-over" of a hospital enormously. The Thomas knee splint, with its modifications has replaced practically all others in the treatment of fractures of the long bones.

Besides the treatment of those suppurating wounds a number of other things impress the newcomer. The first is, the great amount of nerve surgery. Where one sees one nerve operation at home, one sees 100 here. We have quite a remarkable nerve man to whom the patients are sent for localization and diagnosis of the lesion, and who calls the turn with great regularity. Then the nerve is sutured. The operation is rarely done until several months after the wound has closed, for fear of lighting up the old infection from the scar. To see some of these men dig out the nerve from the scar tissue is a beautiful thing, and then we all start in working on our anatomy. Any operation done at the site of the wound, within six months, is always preceded by a dose of tetanus antitoxin.

Another interesting branch of work is that upon tendons. These also must often be dug out of scar tissue, possibly enclosed in a fascia flap, and then sutured. Excisions of scars are frequent.

Bone grafting and ordinary open and closed fracture work come in for a large share of our attention. Functional disorders often simulate actual nerve lesions, and must receive their appropriate treatment. If any of us fancy's abdominal surgery he will find a reasonable amount of that also.

The technic is different from ours, but has much that we might copy. Possibly there is less scrubbing of the hands before operation, but I should say that the fingers are less in the wound. The instrument nurse never touches the instruments, but handles them with forceps. No one may enter the operating room without a sterile gown, cap, mouth-guard and leggings which enclose the shoes and legs. This is in pleasing contrast to the somewhat free and easy customs of the visitor in our operating rooms. Military discipline prevails. We are under the direction of a lieutenant-colonel.

Two of our Americans are daily expecting transfer to other stations, and then our service probably will be doubled or trebled.

No one who comes over need fear that his ability will not be recognized. The opportunity is boundless. The difficulty is to measure up to our job, and to get away with the work that is offered us. We are treated generously, and are really right in the family. It is an experience that money could not buy before the war. If any of your readers with a good, modern surgical training wants a chance let them write to Major Elliott G. Brackett, Surgeon-General's Office, Washington, and make application. They would get a first lieutenant's commission, with a good prospect of promotion. Doubtless a man with chemical, bacteriological, or pathological leanings would find a chance to indulge his proclivities as a side line, to the advantage of himself, his associates and his patients. I have learned more in a few weeks than in a year. The enlarged view and the mental stimulus are not the least part of the work. No

one seems in much of a hurry to go home. Our greatest loss possibly is the climate, but as most of the men are from the east, their loss is not considerable. As for me, I believe I should choose the Santa Clara Valley as a place of permanent residence. In any event we have not yet experienced the truth of Sherman's renowned saying. As a Frenchman once put it: "C'est magnifique, mais ce n'est pas la guerre."

Faithfully yours,

LEONARD W. ELY.

## Military Medical News

### CALIFORNIA PHYSICIANS IN NAVY MEDICAL SERVICE.

- S: Surgeon.
- P. A. S.: Passed Assistant Surgeon.
- A. S.: Assistant Surgeon.
- All U. S. N. R. F., except as marked U. S. N.
- A. S.—Ainslie, C. A., U. S. N.
- A. S.—Andrus, C. L., U. S. N.—San Diego Dist. Forces.
- A. S.—Ashmore, F.—Headquarters, 12th N. Dist., Sheldon Bldg.
- P. A. S.—Barnett, G. D.—Unit No. 2.
- A. S.—Behlow, W. W., U. S. N.—Mare Island Navy Yard.
- A. S.—Brown, C. E., U. S. N.
- A. S.—Bryant, F. J.—417 Market St.
- A. S.—Butler, E. W.—Unit No. 2.
- P. A. S.—Barkan, H.
- P. A. S.—Boardman, W. W.
- P. A. S.—Boller, P.—Unit No. 3.
- A. S.—Burke, E. E.—Unit No. 3.
- A. S.—Baldwin, G.—N. R. T. C., San Pedro.
- A. S.—Blake, W. P.—N. T. C., San Pedro.
- A. S.—Brown, C. W.—Mare Island.
- A. S.—Byrne, J. R., U. S. N.—Headquarters 12th N. Dist., Sheldon Bldg.
- A. S.—Christiansen, R. C., U. S. N.—Mare Island.
- A. S.—Connor, S. W.—N. T. Sta., San Francisco.
- S.—Cochran, A.
- P. A. S.—Charlton, A. T.—Unit No. 3.
- P. A. S.—Clark, V. G.
- P. A. S.—Cowan, J. R.—Unit No. 3.
- P. A. S.—Cowan, J. F.
- A. S.—Chamberlain, H. H.—Unit No. 2.
- A. S.—Chamberlain, W. E.—Unit No. 2.
- A. S.—Cohn, M. L.—N. R. T. C., San Pedro.
- A. S.—Cook, E. P.—Mare Island Navy Yard.
- A. S.—Corey, D., U. S. N.—U. S. S. Schurz, care P. M.
- A. S.—Crosian, J. W.—Unit No. 3.
- A. S.—Ducher, J. E.—Mare Island Navy Yard.
- A. S.—Donnell, R. H.—Naval Air Station, San Diego.
- A. S.—Dorn, N. F.—N. T. C., San Diego.
- A. S.—Duncan, H. B.—417 Market St.
- A. S.—Dunn, T. B.—Manila, P. I.
- A. S.—Davis, B. P., U. S. N.—Mare Island Navy Yard.
- A. S.—Dickson, A. R.—Unit No. 3.
- A. S.—Fielder, R. L.—Mare Island Navy Yard.
- S.—Frick, J. D.
- P. A. S.—Fredericks, D. D.
- A. S.—Goetsch, A.—U. S. T. C., San Francisco.
- A. S.—Goss, O. R.—Mare Island Navy Yard.
- A. S.—Guinan, E. R., U. S. N.—Guam.
- P. A. S.—Gilman, P. K.—Unit No. 2.
- A. S.—Harman, B. M.—Mare Island Navy Yard.
- A. S.—Herren, D.—U. S. N. Hosp., Las Animas, Colo.
- A. S.—Holzberg, H. L.—N. T. S. T., San Francisco, Cal.
- A. S.—Horner, R. W., U. S. N.—Unit No. 3.
- A. S.—Hughes, F. A.—Mare Island Navy Yard.
- S.—Hewlett, A. W.—Unit No. 2.
- S.—Hill, H. P.